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ROSS J. OEHLER SANOFI-AVENTIS U.S. LLC 1041 ROUTE 202-206 MAIL CODE: D2024			I he Stat addı tran	treby certify that this Feed tes Postal Service with sul- ressed to the Mail Stop smitted to the USPTO (57	s) Transmittal is being of fransmittal is being of ficient postage for first ISSUE FEE address at 1) 273-2885, on the dat	ission deposited with the United class mail in an envelope bove, or being facsimile e indicated below.
MAIL CODE: D303A BRIDGEWATER, NJ 08807			$\mathcal{B}$	rian Pritchet		(Depositor's name)
	,			sian Cutcheth		(Signature)
			<u>L</u>	1PRIL4,200	)	(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	АТТО	RNEY DOCKET NO.	CONFIRMATION NO.
10/786,810 02/25/2004			Jesus Benavides		T01023 US CNT	3346
TITLE OF INVENTION NEUROTRANSMISSION TREATMENT OF PARK	N IN THE BRAIN,	A CB1 RECEPTOR A THE PHARMACEUT	ANTAGONIST AND OF A ICAL COMPOSITIONS	A PRODUCT WHICH A COMPRISING THEM	CTIVATES DOPAMIN AND THEIR USE II	IERGIC N THE
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	05/07/2007
EXAMI	NER .	ART UNIT	CLASS-SUBCLASS			
CHONG, YO	ONG SOO	1617	514-210000	,		
1. Change of corresponde CFR 1.363).  Change of corresponde CFR 1.363		•	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,			
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
PLEASE NOTE: Unle recordation as set forth (A) NAME OF ASSIG	ess an assignee is ident in 37 CFR 3.11. Comp	ified below, no assignee pletion of this form is NC	THE PATENT (print or type data will appear on the part of a substitute for filing and (B) RESIDENCE: (CITY	atent. If an assignee is id assignment.  'and STATE OR COUNT		ument has been filed for
Please check the appropriate assignee category or categories (will not be printed on the patent):						
			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number.			
5. Change in Entity State  a. Applicant claims	SMALL ENTITY statu	s. See 37 CFR 1.27.	☐ b. Applicant is no long	ger claiming SMALL ENT	TITY status. See 37 CFR	1.27(g)(2).
interest as shown by the re	Publication Fee (if requestroyed)	uired) will not be accepte tes Patent and Trademarl	ed from anyone other than the Office.	ne applicant; a registered a	ttorney or agent; or the	assignee or other party in
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